Employment distory						
starting with your present or most recent em	ployer. List each e a resume for sp	promotion as a ecifics of tasks	separate perforr	ejob. To ev ned. For e	aluate your qua	nporary, volunteer, summer jobs and service in the armed forces. List your jobs alifications, we must have accurate and complete information on previous job tasks most important or major tasks first (those which took up most of your time or were a format.
Employer		Telephone	#			Month Year Month Year Dates employed: / to /
Street address	City	State Zip		Zip	Compensation (Start) Hourly Salary \$	
Position Held		Full	-Time	Part-Time	e Other	Commission / Bonus / Other Compensation \$
Supervisor			May		or reference?	Compensation (Final)
Number and type of position supervised	R	eason for leavir	ıg	Yes	No	Hourly Salary \$
Summarize tasks performed and job responsibil	ities:					Commission / Bonus / Other Compensation \$
						Average # of hours worked per week:
Employer		Telephone ()			Month Year Month Year Dates employed: / to /
Street address	City		State		Zip	Compensation (Start) Hourly Salary
Position Held		Full	-Time	Part-Time	e Other	Commission / Bonus / Other Compensation \$
Supervisor			May	we contact fo	or reference?	Compensation (Final)
Number and type of position supervised	R	eason for leavin	ıg		110	Hourly Salary \$
Summarize tasks performed and job responsibil	ities:					Commission / Bonus / Other Compensation \$
						Average # of hours worked per week:
Employer		Telephone ()			Month Year Month Year Dates employed: / to /
Street address	City		State		Zip	Compensation (Start) Hourly Salary
Position Held Full-Tir			Time	Part-Time	e Other	Commission / Bonus / Other Compensation \$
Supervisor			May	we contact fo	or reference?	Compensation (Final)
Number and type of position supervised	R	eason for leavin	g		1.0	Hourly Salary \$
Summarize tasks performed and job responsibil	ities:					Commission / Bonus / Other Compensation \$
						Average # of hours worked per week:
Employer		Tolonhono	4			Month Voor Month Voor
Employer	O:t.	Telephone ()		7:	Month Year Month Year Dates employed: / to /
Street address	City		State		Zip	Compensation (Start) Hourly Salary \$
Position Held		Full	-Time	Part-Time	e Other	Commission / Bonus / Other Compensation \$
Supervisor May we contact for reference?			Compensation (Final)			
Number and type of position supervised	R	eason for leavir	ıg			Hourly Salary \$
Summarize tasks performed and job responsibilities:					Commission / Bonus / Other Compensation \$	
						Average # of hours worked per week:
Applicant Statement						
I certify that all information provided by me	in making appli	ication (or any	other a	accompan	ying required	documents) contains no willful misrepresentations, falsifications or

I certify that all information provided by me in making application (or any other accompanying required documents) contains no willful misrepresentations, falsifications or omissions and that the information given by me is true, correct and complete to the best of my knowledge. I understand that falsification, misrepresentation or omission of any facts on this application shall be considered sufficient cause for denial of employment or if employed, immediate termination of employment, regardless of the timing or circumstances of discovery.

I herby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Town of Center and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that if offered a position with the Town of Center, I may be required to submit to a pre-employment medical examination, alcohol and drug screening and a background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

BY SIGNING BELOW I ACKNOWLEDGE TH	AT I HAVE READ, UNDERSTAND ANI	D AGREE TO THE ABOVE STATEMENTS.
Signature of Applicant		Date / /